

# BrisDoc Healthcare Services – Osprey Court

## Quality Report

21 Osprey Court  
Hawkfield Way,  
Hawkfield Business Park,  
Bristol  
BS14 0BB  
Tel: 0117 937 0900  
Website: [www.brisdoc.co.uk](http://www.brisdoc.co.uk)






Date of inspection visit: 11-16 March 2017  
Date of publication: 23/06/2017

This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

## Ratings

### Overall rating for this service

Good 

Are services safe?	Requires improvement 
Are services effective?	Good 
Are services caring?	Good 
Are services responsive to people's needs?	Outstanding 
Are services well-led?	Good 

# Summary of findings

## Contents

### Summary of this inspection

Overall summary	Page 2
The five questions we ask and what we found	4
What people who use the service say	8

### Detailed findings from this inspection

Our inspection team	9
Background to BrisDoc Healthcare Services - Osprey Court	9
Why we carried out this inspection	9
How we carried out this inspection	9
Detailed findings	12
Action we have told the provider to take	28

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at BrisDoc Healthcare Services - Osprey Court on 11-16 March 2017. Overall the service is rated overall as good.

Our key findings across all the areas we inspected were as follows:

- There was an open and transparent approach to safety and an effective system in place for recording, reporting and learning from significant events.
- Risks to patients were assessed and well managed. The service used the National Early Warning Score (NEWS) report, which was a standardised assessment tool used in telephone consultations and when patients presented at the service. The NEWS system assessed the degree of illness of a patient and thereby helped define where the patient needed to be seen.
- Patients' care needs were assessed and delivered in a timely way according to need. The service mostly met the National Quality Requirements and fully met the contract commissioner's targets.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills,

knowledge and experience to deliver effective care and treatment. The service had developed a 'Clinical Toolkit' available to all staff on the intranet. The home page had the latest updates and NICE guidance that clinicians should be aware of, and a list of available resources.

- The service had policies and protocols in place to keep patients safe however, systems to manage medicines, emergency situations and base security were not always operated consistently. This potentially put staff and patients at risk.
- There was a system in place that enabled staff access to patient records. The Out of Hours staff provided information to other services, for example the local GP and hospital, following their contact with patients. This was undertaken in a timely and appropriate manner.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- The service worked proactively with other organisations and providers to develop services that

# Summary of findings

supported alternatives to hospital admission where appropriate and improved the patient experience such as the 'Professional Line'. This is a dedicated phone line to which GPs, advanced nurse practitioners, paramedics (30% of calls) and nursing home staff could use. Clinicians such as paramedics or nursing home staff used this phone line to discuss treatment of patients at risk of admission to hospital.

- The service had good facilities and was well equipped to treat patients and meet their needs. The vehicles used for home visits were clean and well equipped.
- There was a clear leadership structure and staff felt supported by management. The service proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

We saw an area of outstanding service:

- The service had developed a governance system. Called the Clinical Guardian, this was developed in partnership with Applied Healthcare Solutions and it uses the Royal college of General Practitioner criteria for urgent and emergency care against which to audit clinical practice. We saw working examples of how

'Clinical Guardian' was a key mechanism by which clinical practice and standards were reviewed, monitored and maintained. The service had invested in clinician time to conduct the Clinical Guardian reviews to improve the consistency and quality of care.

The areas where the service must make improvement are:

- The service must ensure that the medicines management policy is fully implemented and regularly evaluated for effectiveness across all the bases.

The areas where the service should make improvement are

- Ensuring the implementation of the protocols for staff in respect of emergency situations such as fire, and base security.
- Ensuring the calibration and checking of blood glucose meters is carried out in accordance with the manufacturer's specification at all times.

Professor Steve Field (CBE FRCP FFPH FRCGP) Chief Inspector of General Practice

**Professor Steve Field** CBE FRCP FFPH FRCGP Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The service is rated as requires improvement for providing safe services.

**Requires improvement**



- The service used every opportunity to learn from internal and external incidents to support improvement. Learning was based on a thorough analysis and investigation.
- Risk management was comprehensive, well embedded and recognised as the responsibility of all staff. The service used the National Early Warning Score (NEWS) report, which was a standardised assessment tool used in telephone consultations, and when patients presented at the service.
- There was an effective system in place for recording, reporting and learning from significant events, we saw evidence that lessons were shared and action was taken to improve safety in the service through team meetings, training and newsletters.
- When things went wrong patients were informed in keeping with the Duty of Candour. They were given an explanation based on facts, an apology if appropriate and, wherever possible, a summary of learning from the event in the preferred method of communication by the patient. They were told about any actions to improve processes to prevent the same thing happening again.
- The service had clearly defined and embedded system and processes in place to keep patients safe and safeguarded from abuse.
- When patients could not be contacted at the time of their home visit or if they did not attend for their appointment, there were processes in place to follow up patients who were potentially vulnerable.
- There were systems in place to support staff undertaking home visits such as electronic communication and car tracking devices.
- Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The service had policies and protocols in place to keep people safe however, systems to manage medicines, emergency situations and base security were not always operated consistently. This potentially put staff and patients at risk.

# Summary of findings

## Are services effective?

The service is rated as good for providing effective services.

Good



- Our findings at inspection showed that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines. The service had developed a 'Clinical Toolkit' available through their intranet which encompassed local and national guidance.
- We also saw evidence to confirm that the service used these guidelines to positively influence and improve service and outcomes for patients.
- The service used innovative and proactive methods to improve patient outcomes and working with other local providers to share best practice, such as the out of hours educational forum.
- The service was mostly meeting National Quality Requirements (performance standards) and exceeding commissioner's performance targets for GP Out of Hours services to ensure patient needs were met in a timely way. They had developed clear protocols for monitoring 'real time' performance standards and had plans in place to address any potential shortfalls to protect patients.
- Clinical audits demonstrated quality improvement such as the development of an aide memoire for the treatment of paediatric urinary tract infection.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all employed staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs. The service ran the 'Professional Line' a dedicated 24 hour telephone advice service during their operational hours which provided advice to community based clinicians such as paramedics (30% of calls) and nursing home staff. This service allowed access to experienced clinicians whilst avoiding patient hospital admission.

## Are services caring?

The service is rated as good for providing caring services.

Good



We observed a strong patient-centred culture:

- Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this. The service had commissioned its own contract to provide a British Sign Language interpreter for patients as this was a service which was not always available out of hours.

# Summary of findings

- We received positive examples to demonstrate how patient's choices and preferences were valued and acted on, such as offering the easiest accessible venue for patients, and asking about access needs.
- Feedback from the all of the patients through our comment cards and collected through the service were very positive. Less than 10% commented on long waiting times but then went on to praise the consultation and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible through the internet and information leaflets.
- We observed that staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Patients were kept informed with regard to their care and treatment throughout their visit to the service by telephone calls from staff which kept them informed and allowed the service to monitor their condition.

## Are services responsive to people's needs?

The service is rated as good for providing responsive services.

- The service worked closely with other organisations and with the local community in planning how services were provided to ensure that they met patients' needs. The Out of Hours bases were located throughout three clinical commissioning group areas and opening times were based on usage. The service was able to flexibly adjust the numbers and type of staff available according to predicted use and any external factors such as a four day bank holiday weekend.
- There were innovative approaches to providing integrated patient-centred care. The service worked closely with local providers and were participating in a 'Front Door GP' pilot scheme at Southmead Hospital to direct appropriate patients away from the emergency department allowing this service to focus on more seriously ill patients.
- The service implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients.
- The service had good facilities and was well equipped to treat patients and meet their needs.

Outstanding



# Summary of findings

- The service had systems in place to ensure patients received care and treatment in a timely way and according to the urgency of need.
- Information about how to complain was available and easy to understand and evidence showed the service responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

The service is rated as good for being well-led.

Good



- The service had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- Governance and performance management arrangements had been proactively reviewed and took account of current models of best service. This included arrangements to monitor and improve quality and identify risk. BrisDoc had been part of a task group across the Bristol, North Somerset, Somerset and South Gloucestershire (BNSSG) region aiming to increase the use of the “National early warning score” (NEWS) in adult patients with acute medical illness in whom admission was either required or a consideration.
- The service had a number of policies and procedures to govern activity and held regular governance meetings.
- There was a clear leadership structure and staff felt supported by management. There was a high level of constructive engagement with staff and a high level of staff satisfaction.
- The service gathered feedback from patients which influenced service development such as that about waiting times for appointments.
- The service was aware of and complied with the requirements of the duty of candour. The service encouraged a culture of openness and honesty. The service had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The service proactively sought feedback from staff and patients, which it acted on.
- There was a strong focus on continuous learning and improvement at all levels. Staff training and development was a priority and time was built into staff rotas in order for them to attend training. The service provided placements for GP registrars and had committed GPs to undertake two day GP Out of Hours trainers' course in order to support the registrars.

# Summary of findings

## What people who use the service say

We looked at various sources of feedback received from patients about the Out of Hours service they had received. Patient feedback was obtained by the service on an ongoing basis and information about this was included in the contract commissioning monitoring reports.

Data from the service for the period of April 2016 and December 2016 showed positive feedback from patients. The average satisfaction score for this period was 96% with the lowest being 91% and the highest at 100%. The data also provided details of feedback relating to Primary Care Centre appointment punctuality with the average number of patients seen within 30 minutes of the appointment time given at 85%.

The national GP patient survey asks patients about their satisfaction with the out-of-hours service.

The results were from the July 2016 publication, collected during July to September 2015 and January to March 2016 and relate to both the NHS 111 and this out-of-hours service and were aggregated across the area.

- 68% of respondents provided a positive response of how quickly care from NHS service received compared to the national average of 62%.
- 90% of respondents provided a positive response to having confidence and trust in the person or people seen or spoken to which was comparable to the national average of 90%.

- 73% of respondent had a positive opinion of their overall experience of NHS service when the GP surgery was closed compared to the national average of 70%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 223 comment cards the majority of which were all positive about the standard of care received. Patients commented on the availability and accessibility of the service; the quality of care and treatment from staff, and that they were kept informed of what was happening.

We spoke with six patients during the inspection. All six patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

We read the Healthwatch report produced for the South West Commissioning Support Unit Urgent Care Focus Group. The Care Forum was commissioned by the South West Commissioning Support Unit to conduct two focus groups in September 2016. Participants commented that they felt the BrisDoc service was good. We also received one further positive comment through Healthwatch from a patient who had experienced the service.



# BrisDoc Healthcare Services – Osprey Court

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included two GP specialist advisers, five additional CQC inspectors, a pharmacist, an assistant inspector and an inspection manager.

## Background to BrisDoc Healthcare Services - Osprey Court

The Out of Hours service is provided by BrisDoc Healthcare Services - Osprey Court. The service covers three clinical commissioning group (CCG) areas with six active bases, three within the CCG area of Bristol, two in North Somerset and one in South Gloucestershire. The total population served is approximately 962,600. In the last year the service received approximately 110,000 contacts from patients. Initial assessment when a patient calls for advice and treatment is undertaken by the NHS 111 service operated by Care UK NHS 111. Once the assessment has been completed the NHS 111 team can book patients directly into the out of hours service. This could involve direct booking for a visit to one of the six out of hours bases or for a further review by the out of hours GPs. The second stage assessment can result in either a home visit, request to attend the out of hours centres or telephone advice.

- BrisDoc Healthcare Services - Osprey Court out of hours service is based at Osprey Court.

- Hawkfield Way, Hawkfield Business Park, Bristol BS14 0BB. They base their control room at Osprey Court from 8am to 11pm on weekend and bank holidays.
- New Court Surgery Out of Hours base is at Weston super Mare. This is a shared facility located in a large health centre. It is open from 8pm to 8am (overnight) Monday to Saturday and from 8am on a Saturday through to 8am Monday morning. This centre is also open on bank holidays from 8am to 8am the next day. This base does not accept walk in patients.
- Clevedon Hospital Out of Hours base is at Clevedon Hospital. It is open from Monday to Friday 7pm to 11pm and on weekends and bank holidays from 9am to 9pm. This base does not accept walk in patients.
- Southmead Hospital Out of Hours base is in the Ante-Natal Department on the Southmead Hospital site run by the North Bristol Trust. It is open from Monday to Friday 7pm to 11pm and on weekends and bank holidays from 8am to 9pm. This base does not accept walk in patients.
- Bristol Royal Infirmary Out of Hours base is in the Bristol Royal Infirmary University Hospitals Bristol NHS Foundation Trust. It is open from Monday to Friday 6.30pm to 10pm and on weekends and bank holidays from 12noon to 8pm. This base does not accept walk in patients.
- Cossham Hospital Out of Hours base is at Cossham Hospital. It is open from Monday to Friday 6.30pm to 8am and on weekends and bank holidays is open 24 hours. This base does not accept walk in patients.
- Knowle Health Park Out of Hours base is in Knowle Health Park It is open from Monday to Friday 6.30pm to

# Detailed findings

8am and on weekends and bank holidays it is open for 24 hours. This base does not accept walk in patients. The control room is operated from this base from Monday to Friday 6.30pm to 8am.

We inspected all six sites during the inspection and also visited the provider headquarters to review policies and procedures relevant to the service and meet with the service managers. The service recognises that peaks in demand occurs on a weekend and bank holidays, and base their control room at Osprey Court from 8.00am to 11pm in order to access additional facilities and free up additional space at their bases.

The service is provided by BrisDoc Healthcare Services Limited and the Medical Director acts as the registered manager. There are 2 GPs working within the service who act as clinical leads, there are 150 GPs who are not directly employed and undertake a sessional commitment. In addition to the GPs there are the equivalent of approximately 11 whole time advanced practitioners (either advanced nurse practitioners or emergency care practitioners, health care assistants), 0.75 whole time equivalent pharmacist and approximately 15 whole time equivalent drivers, 15 whole time equivalent hosts/receptionists, and 4.24 whole time equivalent shift managers.

This service was inspected under the CQC's inspection programme in February 2014, no rating was awarded as part of the inspection but the location was found to be providing a service which was safe, effective, caring, responsive and well-led. There were no areas noted where the provider must improve, and the one area where the provider could improve were the arrangements for lone working and the safety of staff.

## Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the service and asked the commissioning authorities to share any information. We met with Healthwatch and requested that information about the inspection be disseminated to their contact group in order to obtain public feedback.

We carried out announced visits to the main headquarters and the operational control room at the weekends. We also visited the six bases where the Out of Hours services operated, between 11 – 16 March 2017. During our visits we:

- Spoke with a range of staff which included the medical director, the service manager, head of nursing, lead clinicians, GPs, on-site hosts, advanced nurse practitioners, a pharmacist, drivers, workforce co-ordinators, shift managers and administrative support staff.
- We spoke with six patients who used the service.
- Observed how patients were provided with care and talked with carers and/or family members at six operational bases and observed the weekend control centre.
- Inspected the out of hours premises, looked at cleanliness and the arrangements in place to manage the risks associated with healthcare related infections.
- Looked at the vehicles used to take clinicians to consultations in patients' homes, and we reviewed the arrangements for the safe storage and management of medicines and emergency medical equipment.
- Reviewed 223 comment cards where patients and members of the public shared their views and experiences of the service.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?

# Detailed findings

- Is it well-led?

Please note that when referring to information throughout this report, for example any reference to the National Quality Requirements data, this relates to the most recent information available to the CQC at that time.

# Are services safe?

## Our findings

### Safe track record and learning

There was an effective system in place for reporting and recording significant events and incidents.

- Staff told us they would inform the service manager of any incidents and there was a recording form available on the service's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received support, an explanation based on facts, an apology where appropriate and were told about any actions to improve processes to prevent the same thing happening again.
- The service carried out a thorough analysis of the significant events and ensured that learning from them was disseminated to staff and embedded in policy and processes. The inspection team reviewed and discussed significant events; all the clinicians involved were consulted about the response and supported throughout the process. When investigations were completed, learning was shared with staff in a monthly clinical newsletter which was sent out with all payslips. Several examples of significant events and incidents that had been reported were discussed including a respiratory arrest in an infant with a febrile convulsion. The action taken following this event was that the identification and layout of emergency bags was changed to improve ease of quickly identifying relevant equipment.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the service. For example, we saw an incident had been reported where an oxygen cylinder at a base had not been replaced in timely manner. This had been reported and memo circulated to staff reiterating what to do to obtain a replacement and how to check the cylinders.

### Overview of safety systems and processes

The service had clearly defined and embedded systems, processes and services in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. Clinicians were trained to child safeguarding level three. The service had made nine safeguarding referrals in the last 12 months. Seven adult and two children; they had followed up information for all of these referrals.
- A notice on the reception desk at the bases advised patients that chaperones were available if required. This was checked when arranging for a home visit so that the service could ensure there was a suitable chaperone available whenever possible. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check.
- The service maintained appropriate standards of cleanliness and hygiene. We observed most of the premises and vehicles to be clean and tidy; the Out of Hours base host organisation provided the cleaning resource. There was an infection control lead. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were performed across all Out of Hours bases; in 2016 this was an observational audit of the environment, and clinicians' practice assessed against infection control standards and the organisational policy. Overall compliance was found to be good, with a main area of concern being the guideline 'bare below the elbow'. We saw there had been an action plan to reinforce basic Infection Control guidelines through the biannual Infection Control Newsletter in December 2016; and a plan to expand the role of the infection control lead to provide greater oversight and to be a resource for the service.
- There was a system in place to ensure equipment was maintained to an appropriate standard and in line with manufacturers' guidance, for example, annual servicing

# Are services safe?

including calibration where relevant. BrisDoc staff had their own equipment in each base which was visually checked then cleaned at the start of each session. We saw that where shared equipment such as electro-cardiogram machines were used there were no protocols in place for cleaning. During the inspection we found that blood glucose meters were not being calibrated. (A blood glucose meter is a medical device for determining the approximate concentration of glucose in the blood). We discussed this with the provider for action.

- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body, appropriate indemnity and the appropriate checks through the Disclosure and Barring Service.

## Medicines Management

- The service had a comprehensive medicines management policy. The service had policies and protocols in place to keep patients safe however, systems to manage medicines were not always operated consistently. We saw there were monthly medicine management meetings at which confirmation of reconciliation of medicines and prescriptions was confirmed, and any medicines usage trends identified. We found where there were discrepancies or prescribing errors these were investigated using the organisational reporting systems. We found the storage of medicines at bases and in vehicles were secure. The medicines management processes (ordering, supply and prescribing) made sure that patients received medicines when needed. Processes were in place for checking medicines, including those held at the bases and medicines bags for the out of hours vehicles. We spot checked the medicines at all bases and found whilst the majority were well managed there were 10 medicines on one vehicle which were out of date. We also noted that medicines were being left in vehicles which meant they could not confirm they were stored at their optimum temperature which may impair their efficacy. We found that the checklists for quantities of medicines taken on vehicles were not always adhered to. For example, the stock level of 10 medicines was below the stated level; and there was no stock of eight medicines

listed on the BrisDoc 'In car IV list and stock level' forms, including Naloxone (a medicine used to reverse the effect of opiates). We also found that the medicines listed on the BrisDoc 'In car drug list and stock level' forms did not match the lists on some of the box contents list of medicines transported within cars to home visits. For example, Furosemide and Cloramphenamine were both listed on the 'In Car IV List and Stock Level' form but not on the respective box lids. No stock of either of these medicines was found in the boxes. These issues potentially put staff and patients at risk.

- The service carried out regular medicines audits, to ensure prescribing was in accordance with best practice guidelines for safe prescribing. For example, Coamoxiclav (prescribing was audited in 2015/16 with a finding that in 105 cases (92%) an antibiotic was needed and prescribed for the correct duration. However, of those only 59% received the appropriate choice of antibiotic in accordance with guidelines. The service planned that prescribing will be re-audited in March 2017 and reported in April 2017, and that a reiteration of guidance would be included in a clinical forum. When clinicians notes were reviewed, the Clinical Guardian system also reviewed antibiotic prescribing and gave relevant feedback to clinicians when prescribing had not followed guidelines.
- The service had a system of reconciliation for blank prescription forms and pads, which were securely stored when not in use. The provider was in the process of piloting a system to enable them to keep a closer record of computer prescription paper and monitor its use.
- Patient Group Directions were used by nurses or emergency care practitioners to supply or administer medicines. PGDs in use had been ratified in accordance with the Medicines and Healthcare products Regulatory Agency guidance.
- The service held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had standard operating procedures in place that set out how controlled drugs were managed in accordance with the law and NHS England regulations. These included auditing and monitoring arrangements, and mechanisms for reporting and investigating discrepancies. The provider

## Are services safe?

held a Home Office licence to permit the possession of controlled drugs within the service for three bases. There were also appropriate arrangements in place for the destruction of controlled drugs.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- The service used the National Early Warning Score (NEWS) report, which was a standardised assessment tool used in telephone consultations and when patients presented at the service. The NEWS system assessed the degree of illness of a patient and thereby helped define where the patient needed to be seen.
- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in areas accessible to all staff that identified local health and safety representatives. The service had up to date fire risk assessments for each site however there were limited opportunities for staff to be part of organised fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. Clinical equipment that required calibration was done so according to the manufacturer's guidance. The service had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a bacterium which can contaminate water systems in buildings).
- There were systems in place to ensure the safety of the out of hours vehicles. Checks were undertaken at the beginning of each shift. These checks included; ensuring all medicines required for home visits were available, checking that oxygen cylinders held at least 30 minutes of oxygen, that all equipment required for home visits was on board and ensuring that safes were in place to hold controlled drugs and prescriptions. The drivers also undertook a visual check of the vehicle to ensure it was roadworthy and free from damage to tyres and wheels. Records were kept of MOT and servicing requirements. We checked five vehicles and found they were kept in a clean and tidy state. All equipment and medicines were

held securely in the boot of the vehicle and that the checks of the vehicles had been undertaken. There were spare vehicles available for use in the event of another being out of service.

The National Quality Requirement (NQR) 11 match the skills of clinicians available with peaks of demand in the service.

- The service demonstrated that a the only agency staff usage during 2016 was for nurses. We saw the service had contingency protocols for those circumstances in which they may be unable to meet unexpected demand. Specifically we saw the reporting for December 2016 (four day weekend/bank holiday). As demand increased the service put into action their on-call rota of senior clinicians who provided senior clinical decision making and a flexible additional resource in times of high demand. BrisDoc pharmacists were also available in the control room throughout the Christmas Bank Holiday period, and provided significant support with medication enquiries and prescribing requests. We observed that additional clinical hours were sourced in direct real-time response to peaks in demand by extending shift times, and ad hoc remote workers providing a clinical advice service from home. This allowed the service to respond flexibly, and only use the escalation process to commissioners and other providers when absolutely necessary.
- The service employed shift managers who monitored the planning and meeting targets for contact times. We observed in the control room that there was continual oversight of resources and that there was flexibility to re-direct patients. We observed that non-clinical 'safety' calls were made to patients which reassured them that their details had been received by the service and reiterated the expected timing of the service. Non-clinical calls were also used to follow up patients who failed to arrive for appointments, were not at home when visited or were non-contactable by telephone. No contact to the service was left unresolved. For example, we saw action taken where a child did not attend for a planned Out of Hours appointment. The hospital was contacted to check if the patient had been admitted, this was then passed to a clinician for review and decision for further action. Shift managers completed a report on each shift so as to ensure that all the information was shared; at weekends and bank holidays



## Are services safe?

situational reports were written at specific times of the day so as to monitor and anticipate any shortages. Reports were used to review performance and for future planning.

- The service monitored the number of hours worked by clinicians to ensure that they were able to work effectively, and linked this to the individual clinician's indemnity insurance which identified the number of hours which could be worked.

### **Arrangements to deal with emergencies and major incidents**

The service had adequate arrangements in place to respond to emergencies and major incidents.

There were systems to alert staff to any emergency; however, we found the protocols in place to keep patients safe in emergency situations and base security were not always operated consistently. For example, we found at the Clevedon base staff carried personal alarms as per the policy whilst at the Southmead base staff did not do so.

- All staff received annual basic life support training, including use of an automated external defibrillator.
- The service had defibrillators available and oxygen with adult and children's masks at each site and in vehicles. A first aid kit and accident book were available at each site.
- Emergency medicines were easily accessible at each site and in vehicles when in use, and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The service had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. The continuity plan enabled the provider to switch provision of services between their bases. Services could therefore be maintained if one of the bases was unable to be accessed.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The service assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best service guidelines.

- The service had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. The service had developed a 'Clinical Toolkit' available to all staff on the intranet. The home page had the latest updates and NICE guidance that clinicians should be aware of, and an up to date list of resources, for example, standard operating procedures for operational staff reporting of markedly abnormal laboratory results.
- The service monitored that these guidelines were followed through the Clinical Guardian system that BrisDoc, this was developed in partnership with Applied Healthcare Solutions and it uses the Royal college of General Practitioner criteria for urgent and emergency care against which to audit clinical practice. This provided good oversight and monitoring of clinical quality by software which allowed for auditing of clinicians consultations. The service also monitored the competence of staff through peer sampling of patient records using its' Clinical Guardian audit tool a computer programme which interrogated electronic patient records and produced reports of records completed by a clinician. These were then subjected to a review process to monitor the quality of information recorded and the diagnosis and treatment pathway used.
- The health care assistants who undertook baseline observations when patients arrived at the service had information relating to normal values and vital signs, which enabled them to easily escalate concerns to clinicians.

### Management, monitoring and improving outcomes for people

From 1 January 2005, all providers of out-of-hours services have been required to comply with the National Quality Requirements (NQR) for out-of-hours providers. The NQR were used to show the service is safe, clinically effective

and responsive. Providers were required to report monthly to the clinical commissioning group on their performance against standards which includes audits, response times to phone calls, whether telephone and face to face assessments happened within the required timescales, seeking patient feedback and actions taken to improve quality. The initial assessment and booking into the service was undertaken by the NHS 111 service, the provider was not therefore required to report on response times to telephone calls. The service had been experiencing clinician shortages through 2016. The service had alerted their commissioners to the difficulties and had maintained an open dialogue with the commissioners whilst recruitment was undertaken. We found evidence that the service had:

- Clearly identified the staffing requirements needed to meet the NQR's.
- Reviewed the use of the service to identify peaks and troughs in demand to enable appropriate numbers of staff to be planned into the service.
- Reviewed the types of care and treatment required by patients to match the skills of staff to the treatments required. This enabled the provider to change the skill mix of staff employed in the future to more closely match demand and assist in recruitment.
- Instituted additional safety checks and assessments to ensure patients were kept safe whilst recruitment was ongoing.
- Maintained close contact with their commissioners on progress made in recruiting the required number of staff.

The service performance measured against National Quality Requirements (NQRs) included: NQR 2. Providers must send details of all Out of Hours (OOH) consultations (including appropriate clinical information) to the practice where the patient is registered by 8.00am the next working day. Where more than one organisation was involved in the provision of OOH services, there must be clearly agreed responsibilities in respect of the transmission of patient data.

- The inspection team saw evidence that the data which covered the period April 2016 to December 2016, BrisDoc achieved 95% of the details of consultations were sent to the registered GP by 8 am the next day.

NQR 4, Providers must regularly audit a random sample of patient contacts. The audit process must be led by a clinician, appropriate action must be taken on the results



# Are services effective?

## (for example, treatment is effective)

of those audits and regular reports of these audits should be made available to the clinical commissioning groups (CCGs). At this inspection we found there was a system in place to monitor the performance of clinicians working in the Out of Hours service in a comprehensive and systematic manner.

- The inspection team were provided with evidence that a random sample of 22 patient contacts per GP was completed every year. The service set a standard of 17 out of 22 consultations to be of the highest quality. When the audit identified GPs falling below this standard the service demonstrated that action was taken to support the clinician to improve their performance. For example by offering coaching, mentoring and further training. Data showed details of call audits carried out in 2016 indicated that 25 of 563 calls audits did not meet a minimum 90% score across 14 separate criteria, while 390 calls scored 100%. Details of clinician call audits for October and November 2016 showed 13 audits carried out, with 10 audits scoring 100% and none below 90%.

NQR 5. Providers must regularly audit a random sample of patients' experiences of the service (for example 1% per quarter) and appropriate action must be taken on the results of those audits.

- The inspection team were provided with data relating to the feedback cards routinely given to each patient who visited a base. The data covered the period April 2016 to December 2016 and demonstrated a high level of satisfaction with the service with an aggregated score of 96%.

NQR 12. Providers must ensure that face-to-face consultations (whether in a centre or in the patient's place of residence) must be started within the following timescales, after the definitive clinical assessment has been completed:

- Emergency face-to-face consultations: Within 1 hour. (95%)
- Urgent: face-to-face consultations Within 2 hours. (95%)
- Less urgent: face-to-face consultations Within 6 hours. (95%)

- The inspection team saw evidence that from the data which covered the period April 2016 to December 2016 the aggregated performance for emergency consultations was 95%; urgent consultations

undertaken within two hours was 93% and for less urgent consultations undertaken within six hours, the performance exceeded the 95% target on all but one occasion when it was 94%.

The inspection team spoke with the lead commissioners who were aware that the service had not always met the target for urgent consultations but confirmed to us that they were satisfied with the performance of the service. The service also reported on a number of clinical commissioners specific indicators such as:

- The proportion of contacts resulting in referral to the emergency department where the target was under 4% this had been met 100% of the time in the reporting period April 2016 to December 2016.
- Local GPs working in Service: the target of more than 40% of GPs who provide Out of Hours shifts were aware of and have service knowledge. This had been met 95% of the time in the reporting period April 2016 to December 2016.
- Primary Care Centre appointment punctuality: the target of more than 80% patients seen within 30 minutes of the appointment time given, had been met 85% of the time in the reporting period April 2016 to December 2016.

There was evidence of quality improvement including clinical audit. The service had provided us with details of multiple audits carried out in 2015/16 and to date in 2016/17 which involved a range of staff. Information about the audits carried out in 2015/16 included the purpose, objectives and outcomes of each audit. BrisDoc agreed an audit programme at their Clinical and Service Governance Board on an annual basis. The programme included no more than six audits comprising of repeat audits based on learning from the previous audit programme, specifically requested topics, and topics of interest within BrisDoc. The audits completed in 2015/16 were:

- Safeguarding Children
- Verification of Death
- Paediatric UTI (Repeat)
- Coamoxiclav Prescribing
- Prescribing in Sore Throat and Tonsillitis
- Professional Line

# Are services effective?

## (for example, treatment is effective)

The programme of audits which had been agreed for 2016/17 included:

- Sepsis
- Safeguarding
- Infection Control
- Controlled drug Use
- Prescribing (antimicrobials)
- Use of assessment tools to support admission decisions
- We saw that where improvements were needed they were implemented and monitored. For example, a paediatric urinary tract infection (UTI) audit highlighted that there were cases in which a diagnosis of a paediatric UTI was made without significant clinical evidence and not in accordance with the NICE or service commissioner's guidelines. A handy reference guide was produced and sent to clinicians with their payslips. Further education sessions were arranged for clinicians.
- The service participated in local audits, national benchmarking, accreditation, peer review and research. BrisDoc operated Quality Management and Environmental Management systems which meet the requirements of the ISO 9001 quality management system and ISO 14001 environmental management system respectively, which were subject to annual review and reaccreditation. BrisDoc were accredited members of Urgent Health UK (UHUK), and participated in a Patient Safety Culture Survey in 2016 where BrisDoc scored 81 in comparison to an average survey score of all members of 78. The service also participated in the West of England Academic Health Science Network survey of clinicians.

Information about outcomes was used to make improvements. For example, an audit of verification of expected death in a care home showed the average time waiting for a verification visit was 2.5hrs. The results were shared with the service commissioner responsible for managing improvements in end of life care in order to refocus on verification training for care home nurses. BrisDoc were also involved in developing the training and attended care homes forums to promote this and use of the Professional Line to support care home staff with clinical decision making.

### Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The service had an induction programme for all newly appointed operational staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. New staff were also supported to work alongside other staff and their performance was regularly reviewed during their induction period.
- The service offered a specific induction programme for all new clinicians which was led by a senior GP and nurse. This was clearly focussed on the challenges of the service and the support systems available. Clinicians also had a specific Out of Hours handbook. The service had found that this form of induction had led to improved retention of clinicians with a success rate of 97% continuing to work in the service. Clinical staff were required to attend a minimum of two shadow shifts as part of their induction before they were included on the rota. Subsequent to this, new clinicians had 100% of clinical advice calls and patient assessments reviewed and audited through the Clinical Guardian system, so they could demonstrate competence and highlight any areas for learning.
- The service could demonstrate how they ensured role-specific training and updating for relevant staff. For example, training for telephone consultations included theory and practical training. Advanced Nurse Practitioners (ANP) who undertook this role were signed off as competent and had received appropriate training in clinical assessment. The inspection team were shown evidence of how staff were supported to obtain additional qualifications and to develop their career within the organisation. This was confirmed by the staff we spoke with.
- Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, and clinical supervision. All employed staff had received an appraisal within the last 12 months. The provider had developed a governance system called the Clinical Guardian, we saw working examples of how 'Clinical Guardian' was a key mechanism by which clinical practice and standards were reviewed, monitored and maintained. The service

# Are services effective?

## (for example, treatment is effective)

had invested in clinician time to conduct the Clinical Guardian reviews. GP appraisal was also supported by the Clinical Guardian for reviews of clinical contact case histories.

- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. It was noted that staff needed to be reminded to lock computer screens when leaving the consulting room. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

The National Quality Requirement (NQR 3): Providers must have systems in place to support and encourage the regular exchange of up-to-date and comprehensive information (including, where appropriate, an anticipatory care plan) between all those who may be providing care to patients with predefined needs (including, for example, patients with terminal illness).

- The inspection team saw evidence that GPs provided the Out of Hours service with 'special notes' electronically which the service could also access, with consent, the patient's electronic GP record if they were registered within the commissioning area. This allowed clinicians to check recent GP contacts and provide a continuity of care. At the time of our inspection the service could not write directly into the GP records but used an electronic record system to record the contact, this record was automatically uploaded to the GP practice. This record system could also be accessed by clinicians who undertook home visits.

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the service's patient record system. The provider used an electronic patient record system called Adastra. BrisDoc had set up a dedicated email account, to which practices could send their care plans. The information was recorded into Adastra as a special patient note which had to be opened by the clinician in order for them to use the information in the Adastra consultation. The impact of this was they received significantly more care plans for local people than if practices had to maintain their own access to Adastra. This allowed them to directly support patients' specific needs by having better informed consultations.

The service promoted the use of the patient's own electronic GP record. BrisDoc clinicians had direct access to the full practice EMIS record. Through this system the clinicians can check recent GP consultations, current medicines, management plans and other relevant information such as blood results. Out of Hours clinicians being able to write directly into EMIS is the next phase of this development. This enhanced the clinician's ability to safely and effectively manage the patient and work in accordance with their own GP's plans. It provided for a more informed consultation and on occasion had prevented patients trying to obtain duplicate medicines.

Clinicians had been documenting the use of EMIS in the Adastra record since December 2015 to evidence its use and benefits for patient care. We saw evidence from clinician feedback that having access to EMIS had supported improved clinical practice with 72% of consultations being rated positively for improved quality and outcome for patients, and 54% being managed in the community rather than be admitted to acute care.

All GPs were prompted on BrisDoc's electronic record system at closure of the call whether they have accessed the record and whether it helped support admission avoidance.

- This included access to required 'special notes'/summary care record which detailed information provided by the person's GP. This helped the Out of Hours staff in understanding a person's need.
- The service shared relevant information with other services in a timely way, for example when referring patients to other services.
- The service worked collaboratively with the NHS 111 providers in their area, for example, there was a monthly tripartite meeting with NHS 111 and the local ambulance service. The service was in regular contact with NHS 111 and shared information about service pressures. For example, on the shift manager report, we saw information relating to NHS 111 status.
- The service worked collaboratively with other services. Patients who could be more appropriately seen by their registered GP or an emergency department were referred. If patients needed specialist care, the Out of Hours service, could refer to specialties within the hospital. Staff in the service also described a positive

# Are services effective?

(for example, treatment is effective)

relationship with the mental health team who attended a recent Out of Hours clinical forum, and the community nursing team when they needed support during the out of normal working hours period.

The service worked with other service providers to meet patients' needs and manage patients with complex needs. We observed in the control room that staff had direct access to other services and that they managed contacts until other services were in a position to take them over.

## Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear, clinical staff assessed the patient's capacity and, recorded the outcome of the assessment.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Host reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of 223 patient Care Quality Commission comment cards we received were mostly positive about the service experienced. Patients said they felt the service offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required. Data from the provider for the period of April 2016 and December 2016 showed positive feedback from patients. The contract target was more than 80% whilst the average satisfaction score for this period was 96% with the lowest being 91% and the highest at 100%. The national GP patient survey asked patients about their satisfaction with the Out of Hours service. The results from the July 2016 publication, collected during July to September 2015 and January to March 2016 and relate to both the NHS 111 and this Out of Hours service and were aggregated across the three commissioning areas.

- 68% of respondents provided a positive response of how quickly care from NHS service received compared to the national average of 62%.
- 90% of respondents provided a positive response to having confidence and trust in the person or people seen or spoken to which was comparable to the national average of 90%.
- 73% of respondents had a positive opinion of their overall experience of NHS services when the GP surgery was closed compared to the national average of 70%.

Equalities information was recorded by the service's patient experience questionnaires. The returned

questionnaires where equalities information had been provided indicated respondents were predominantly white, British, Christians who were not carers and who did not have a physical or sensory disability or declared long term of mental health condition; 67% of respondents were of working age. This was reflective of the population of the areas where the service was available. Data collected by the service was shared with commissioners in order to assist in future service development.

BrisDoc had a dedicated telephone number available to give to vulnerable patients/their carers who may need to re-contact them in a given illness episode, rather than having to go back via NHS 111.

### Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. The service provided facilities to help patients be involved in decisions about their care:

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. We also saw that information about the chaperone service had been translated into a number of languages.
- Information leaflets were available onsite and on their website.
- Some bases had facilities for patients with hearing impairment. However, because of the difficulties experienced by Out of Hours providers to access British Sign language (BSL) interpretation, the service had commissioned their own specific contract.

The service had used social media to obtain feedback and was committed to developing a patient participation forum. GPs indicated to us that they would provide health promotion in respect of for example, smoking or alcohol abuse where this was related to the primary presentation and then sign patients to their GP practice or NHS Choices for support.





# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The service reviewed the needs of its local population and engaged with its commissioners to secure improvements to services where these were identified. For example, BrisDoc operated a 24 hour support line 'The Professional Line' which was available to health care professionals including emergency paramedic staff whilst they were onsite. These accounted for 30% of calls to this service and in order to provide a timely response and release the emergency paramedic staff resource; the provider had set themselves a target of 20 minutes to respond to these calls. We observed and listened to a clinical co-ordinator giving advice to a paramedic supporting an elderly patient. The GP was observed accessing the patient's electronic GP record (asking first for consent) and saw that the patient had been visited by the GP earlier in the day and read the assessment carried out. Access to the GP record allied with detailed history taking enabled the GP to guide and support the paramedic. The outcome was to keep the patient at home and that BrisDoc would follow up with the patient's GP via the patient liaison service. This was judged to be a positive intervention for the patient who was given time to explain their symptoms, and an example of good note taking and safety netting for the patient. Data showed 64% of paramedic queries were dealt with by using this service which previously may have resulted in a hospital admission.

- There was clear evidence that the service had undertaken a detailed analysis of times of peak demand in service. This ensured more staff were on duty at times of peak demand. For example; the role of health care assistants had been reviewed to enable these staff to undertake an assessment of patients attending the Out of Hours bases. They were able to undertake initial observations for patients such as blood pressure checks and other tests. Information was therefore available to the clinical staff to prioritise those patients in greater need of early advice and treatment.
- During high levels of demand a "safety calling" protocol was in place, with non-clinical staff telephoning patients waiting at home for a call back to advise of waiting

times, and to check if symptoms were worsening.

Training for non-clinical call handlers was ongoing to help them recognize "red flags" that might need expediting to a clinician.

- A well-defined escalation plan was in use, with key steps identified for managing demand surges safely. In addition to this an on-call rota of senior clinicians was put into place which provided senior clinical decision making and a flexible additional resource in times of high demand.
- The service had responded to the demand for medicine queries by employing pharmacists who were available in the control room throughout the weekends to deal with medicines queries.
- In order to recruit sufficient clinicians the service had developed a pilot scheme for paramedics to undertake a clinical development plan to equip them with the specific skills for Out of Hours work. The pilot was a 12 week work based assessment in conjunction with the University of the West of England and was aimed at paramedics, and intended to achieve 20 credits at Master's degree level.
- Home visits were available for patients who were housebound and for those whose clinical needs which resulted in difficulty attending the service.
- The involvement of other organisations and the local community was integral to how Out of Hours services were planned and ensured that services met people's needs. An example of this was that BrisDoc has been instrumental in supporting the development of access to EMIS working collaboratively with One Care Consortium to achieve development in this area.
- The provider supported other services at times of increased pressure. We observed that face to face consultations at hospital site bases were restricted to accommodate direct referrals from the emergency department. The service worked closely with local providers and was participating in a planned 'Emergency Department GP' pilot scheme at one base in order to direct appropriate patients away from the emergency department. Prior to the pilot starting, approximately 80 patients were redirected per month. Since February 2017, the utilisation of ring fenced slots had risen and 557 patients in total have been redirected from the local hospital emergency department to the Out of Hours service between 3/2/17 to 7/5/17. This equated to approximately 185 patients per month an



# Are services responsive to people's needs?

## (for example, to feedback?)

improvement of over 100%. These cases were audited by a lead GP for Out of Hours to help the service understand the quality of the referral, patient case mix, and to inform future front door service design models.

- Representatives from the service attended a care home seminar at which they promoted the 24 hour Professional Line as a source of advice instead of people using the NHS 111 or 999 services. The recent results showed that there had been an increase in use of this service from approximately 9% of calls in October 2016 to 13% in February 2017.
- The service promoted clinicians accessing the patient's own electronic GP record which allowed for integrated person centred care. An example of how this worked was where abnormal pathology results presented a challenge to the service, and the ability to access the patient's own record had been key to deciding what action to take. For example, we observed a call where an abnormal blood result had been phoned through to follow up. After checking the patient's GP record it became apparent that their own GP was aware of the abnormality and that the test results were improving. The clinical coordinator was then able to close the case with no further intervention.
- Clinicians told us that in order to support integrated person centred pathways patient's GP record was checked prior to the home visits so relevant information was available to support diagnosis and treatment.
- The service was innovative in the way it was provided and ensured there was always a clinical co-ordinator available, a senior clinician, who could respond to calls to the 24 hour Professional Line as well as provide 'in-house' support to clinicians. The Clinical Co-ordinator was an experienced GP and who acted as the overall on-shift clinical lead. They also performed a number of tasks, including liaising with other health professionals, supporting the shift manager, and offering support and guidance to other clinicians on shift. In addition, the co-ordinator carried out an important follow-up role for patients, for example for those who were particularly unwell where hospital admission was inappropriate, those who are 'borderline' as to whether admission should be arranged, those for whom we have performed an intervention such as a repeat blood test, or those who are particularly vulnerable. Such an example was a patient with mental health problems who contacted the Out of Hours with had a discussion with an overnight clinician; a further

co-ordinator phone call was arranged for the following morning leading to potentially a face-to-face consultation or contact with the crisis team or signposting to other resources. This "handing on of the baton" enabled the Out of Hours service to maintain patients effectively in their own home (or care home), which avoid secondary care involvement. This gave patients and their families the reassurance that onward care in the community was reliable, accessible and caring.

- A Practice Liaison Service was also provided to ensure that any particularly urgent or vulnerable patients were expedited to the notice of their GP practice. These patients are noted as requiring practice liaison by the clinician who provides care in the out of hours service, and the operational team make a personal phone call to each practice the following morning to ensure robust handover and assurance of continuity of care.
- Other reasonable adjustments were made and action was taken to remove barriers when patients find it hard to use or access services. For example, if patients had difficulty in travelling to the Out of Hours base then there was some capacity to call them a taxi or to offer a home visit.

### Access to the service

The service was open between 6.30pm to 8am Monday to Friday, and from 6.30pm on a Friday night to 8am on the following Monday morning for weekends and on bank holidays. Patients could access the service via NHS 111. The service did not see 'walk in' patients and those that came in were told to ring NHS 111 unless they needed urgent care in which case they would be assessed before referring on. There were arrangements in place for people at the end of their life so they could contact the service directly. We found patients could access appointments and services in a way and at a time that suited them. Late in the evening "next day" appointments were offered to patients if this was clinically appropriate.

Feedback received from patients, comments on the CQC comment cards and from the provider survey indicated that in most cases patients were seen in a timely way. The key performance indicator from the commissioner in respect of appointments was:



# Are services responsive to people's needs?

## (for example, to feedback?)

- Primary Care Centre appointment punctuality: target was that more than 80% patients are to be seen within 30 minutes of the appointment time given. This had been met with an 85% target achieved in the reporting period of April 2016 to December 2016.

Patients wrote comments about the convenience of the base's locality and being offered a choice of venue. The service had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

This was completed by the clinician telephoning the patient or carer in advance to gather information to allow for an informed decision to be made on prioritisation according to clinical need. We were told the service was reviewing the Home Visit policy in order to streamline visits via triage, prioritisation, and assessment.

### Listening and learning from concerns and complaints

The service had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with the NHS England guidance and their contractual obligations.
- There was a designated responsible person who co-ordinated the handling of all complaints in the service.
- We saw that information was available to help patients understand the complaints system for example on a BrisDoc informational poster and in the service leaflet.

There have been 68 complaints received by the service in the last 12 months, of which four were still open at the time

of our inspection. The number of complaints represented 0.001% of total activity. Of the 64 closed complaints, 24 were found to be upheld, with another 13 partially upheld. The most common complaints surrounded the perceived attitude of clinicians or delays/waiting times. A total of 10 upheld or partially upheld complaints relating to clinical care or prescribing were received, all of which had feedback given and some of which resulted in reflective learning. We looked in depth at six of the complaints received and found that these were satisfactorily handled and dealt with in a timely way, with openness and transparency when dealing with the complainant. We were shown evidence of how patients were involved; we saw a letter written to a patient which acknowledged the complaint and detailed the action taken and offered the complainant a personal call to discuss the concern.

Lessons were learnt from individual concerns and complaints and also from analysis of trends and actions were taken as a result to improve the quality of care. For example, the themes of complaints reviewed were delays in access to care and complaints about staff attitude. In response to the complaints about delays, callers were not always aware of NHS 111 disposition time frames. Where staff attitude had been flagged as an issue, the clinician or staff member named was invited to listen and reflect on the call. The clinical leads for the service were proactive in contacting GPs, giving feedback and trying to understand the context. There was evidence of a supportive culture for both the complainant and clinician or staff member. However, if there were repeat episodes these were flagged as a concern and were reviewed by the performance advisory group.



# Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

## Our findings

### Vision and strategy

The service had a clear vision to deliver high quality care and promote good outcomes for patients. The provider vision was to be advocates of the NHS 6c's (commitment, care, compassion, courage, communication and competence) and enabled all staff to contribute and commit to a caring healthcare culture. Their mission statement was: - 'Patient care by people who care'.

- The service had a mission statement and staff knew and understood the values.
- The service had a robust strategy and supporting business plans that reflected the vision and values and were regularly monitored.

### Governance arrangements

The service had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. There were four GPs on the BrisDoc board who were non-executive directors and helped provide clinical oversight.
- Service specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the service was maintained. There was a formal schedule of meetings to plan and review the running of the service. Representatives from all areas of the business participated in the leadership board meetings which were held bi-monthly.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. For example, the medicines management monthly meeting monitored prescribing, accounting and usage; we saw evidence that in comparison to 2015/16 (total cost for the year £109,349) usage had fallen significantly in 2016/17 in the first six months to £27,402.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- The service had developed its governance systems to ensure that quality was systematically embedded

across the organisation. The Clinical Guardian system was a key mechanism by which clinical practice and standards were reviewed, monitored and maintained in the BrisDoc Out of Hours service. We saw working examples of how 'Clinical Guardian' was used to monitor performance and supervise clinicians. The provider had invested in GP time to conduct the Clinical Guardian reviews. Where potential concerns were identified on a call or patient record, then the case was subject to additional scrutiny by a peer panel review.

- BrisDoc provided a monthly clinical update where topics such as tips on record keeping, public health, communicable disease and sepsis were discussed with a digest sent to all GPs, this also included relevant safety alerts.
- In addition the service had the Performance Advisory Group, to consider any concerns about professional conduct, which included an external representative for fairness.

### Leadership and culture

BrisDoc is a limited company whose shareholders were the current employees. The leadership for the organisation was from an executive board whose membership was made up from representatives from all areas of operation. Leaders had an inspiring shared purpose, strived to deliver and motivate staff to succeed. On the day of inspection the service demonstrated they had the experience, capacity and capability to run the service and ensure high quality care.

The service was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The service encouraged a culture of openness and honesty. The service had systems in place to ensure that when things went wrong with care and treatment:

- The service gave affected people an explanation based on facts and an apology where appropriate, in compliance with the NHS England guidance on handling complaints.
- The service kept written records of verbal interactions as well as written correspondence.

# Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

We reviewed two specific incidents where the duty of candour was clearly demonstrated by the service. The responses to both incidents involved and named the clinicians concerned, with clear apologies and information on actions taken. We saw a letter written to a patient which acknowledged the complaint and demonstrated through use of pictures of 'before and after' the learning and action the service had taken in respect of the complaint.

There was a clear leadership structure in place and staff felt supported by management.

- There were arrangements in place to ensure the staff were kept informed and up-to-date. This included an Out of Hours Clinical Forum which was available for all staff and included planned educational presentations. We observed this in practice as part of the inspection and spoke to participants. They told us the value of sessions was having a learning and peer support culture led by the medical director.
- Staff told us the management were approachable and always took the time to listen to all members of staff. The service had a staff handbook. The staff team members who spoke with us had a good understanding of the values and culture of the service; we saw there was a regular staff news bulletin and there were staff benefits and social events which promoted the inclusive culture of the organisation; the staff were also active as a team in fund raising for local charities. All of the staff had an e-mail address and this was used to send out regular communications and updates.
- The service held and minuted a range of regular role specific team meetings. The minutes were comprehensive and were available for staff to view.
- Staff told us there was an open culture within the service and they had the opportunity to raise any issues and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the providers. Staff had the opportunity to contribute to the development of the service. Specifically, the service held a series of roadshows which reinforced and educated the role of the staff within the service. We were also told of several developmental opportunities offered to staff such as the leadership development programme for shift leaders as well as supporting staff with professional re-validation.

## Seeking and acting on feedback from patients, the public and staff

The service encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The service had gathered feedback from patients through surveys and complaints received. For example, where there had been comments about waiting times, the host staff at the bases were requested to keep patients informed of any delays and contact them before their arrival to let them know what the likely wait time would be.
- The service had participated in two external staff surveys and an internal survey sent to all BrisDoc employees. BrisDoc were accredited members of Urgent Health UK (UHUK), and participated in a Patient Safety Culture Survey in 2016 where BrisDoc scored 81 in comparison to an average survey score of all members of 78. The service also participated in the West of England Academic Health Science Network (WEAHSN) survey of clinicians in respect of SCORE – safety, communication, operational reliability and engagement which is an anonymous online tool for assessing team culture and engagement. The survey was sent to all the Out of Hours GPs where 86% agreed there was good team working and 88% agreed lessons learned were promoted to them. The service was due to have a debrief with WEAHSN at the end of March 2017 and plan action for improvement.
- Staff told us they were proud of the organisation as a place to work and spoke highly of the culture. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff said they felt involved and engaged to improve how the service was run.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the service. The team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area.

The service provided placements for GP registrars and had committed GPs to undertake two day GP Out of Hours trainers course in order to support the registrars. Registrars were also expected to take part in a specific induction to the service. The recent assessment of this by the Severn Deanery (2015) had rated the service as 'excellent'. A 2016 survey of trainees 100% said they felt supported by their

# Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

BrisDoc Clinical Supervisor. Registrars also had their cases reviewed as part of the Clinical Guardian process and received regular feedback. At the time of our inspection there was a plan to offer placement for medical students.

In May 2017, BrisDoc had been part of a task group across the Bristol, North Somerset, Somerset and South Gloucestershire (BNSSG) region aiming to increase the use of the “National early warning score” (NEWS) in adult patients with acute medical illness in whom admission was either required or a consideration. The task group had been led by “The West of England Patient Safety Collaborative”, recognising recent recommendations that the use of track and trigger systems should be considered in acutely unwell patients, as a mechanism to identify and track the progression of illness. It was anticipated that it will be used as a commonly understood marker of severity of acute illness between Primary and Secondary care services at the point of transfer of care. BrisDoc worked with urgent care partners and commissioners and ensures attendance at urgent care meetings including A&E Delivery Board, System flow, Severn Urgent and Emergency Care Network (SUECN), Bristol Clinical Commissioning Group Urgent Care Working Group and North Somerset Clinical Commissioning Group Urgent Care Working Group. BrisDoc representatives attended a Thematic Case Review meeting hosted by the service commissioners where they shared with the other Out of Hours providers tools they used to support nursing home nurses verify their expected deaths. BrisDoc also shared the outcomes of its Verification of Death audit.

A systematic approach was taken to working with other organisations to improve care outcomes, tackle health inequalities and obtain best value for money. Such an

example was working jointly with another provider on the Professional Line, the commissioner and local acute trust to develop a service model that would redirect patients with a primary care problem from the Emergency Department, thereby improving patients flow and capacity to see acutely unwell patients.

The provider promoted continuous improvement and staff were accountable for delivering change. There was a proactive approach to seeking out and embedding new ways of providing care and treatment. For example the Clinical Development Programme which provided an open forum for learning and sharing of best practice and Shift Manager Leadership Programme which supported professional development.

The future plans for the service were to:

- set up a working group to explore and enhance patient engagement in the BrisDoc Out of Hours service.
- develop an Out of Hours Clinical Digital Forward View and work toward full writing access to patients electronic records.
- develop an outreach programme with GP practices.
- to produce a home visit policy to improve patient care on home visits. This was in the consultation process and involved the wider GP community for feedback on the process. The key purpose was to improve patient care on home visits for the most complex and vulnerable group of patients, for whom prompt, effective and compassionate attention was essential.
- development of the Clinical Guardian with individual clinician performance dashboards and a new lead role appointment.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Transport services, triage and medical advice provided remotely	The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users. They had failed to ensure suitable arrangements were in place for the management of medicines to keep patients safe, specifically a system for ensuring the protocols in their policy were fully implemented across the service.
Treatment of disease, disorder or injury	This was in breach of regulation 12(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.